FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:

3235-0076 April 30,2008

Expires:

Estimated average burden hours per responses......16.00



		•	••••	
Name of Offering (check if this is an amendment and n Endgame Entertainment Company, LLC	ame has changed, and indicate change.)		50	
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	ULOE	FROCESSID		
	A. BASIC IDENTIFICATION DATA		FER I A 9000	
1. Enter the information requested about the issuer			THOMOGN	
Name of Issuer (check if this is an amendment and nar Endgame Entertainment Company, LLC	ne has changed, and indicate change)	Ty	EWATCH!	
Address of Executive Offices (Number and Street, City	· · · · · · · · · · · · · · · · · · ·	Telephone Number (Includit	ng Area Code)	
The Lot, Admin. Bldg., Suite 195, 1041 North Formosa Av	ve., West Hollywood, CA 90046 (Number and Street, City, State Zip Code)	(323) 850-2747		
Address of Principal Business Operations (if different from Executive Officers)	Telephone Number (Including Area Code)			
Brief Description of Business		 		
Type of Business Organization corporation business trust	limited partnership, already formed limited partnership, to be formed	other (please specify already formed	e): limited liability company,	
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization (Enter two-le		Estimated		
CENERAL INSTRUCTIONS				

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA		
2. Enter the information requeste	ed for the following:				
		een organized within the pa			
					equity securities of the issuer;
			general and managing partne	ers of partnership iss	suers; and
 Each general and manage Check Box(es) that Apply: 	nng partner of partners Promoter	Beneficial Owner			□ C1/
Check Box(es) that Apply.	M Promoter	M Beneficial Owner	M Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Stern, James D.					
Business or Residence Address	(Number and Street,		00046		
The Lot, Admin. Bldg., Suite 195, Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if indi		Denencial Owner	M Executive Officer	Director	General and/or
Hansen, Douglas E.	···caar,				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
The Lot, Admin. Bldg., Suite 195,	1041 North Formosa	Ave., West Hollywood, CA			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if indi	,				
Endgame Entertainment Fund I, L Business or Residence Address		City Chata Zin Cada)			
The Lot, Admin. Bldg., Suite 195,	(Number and Street, 6		90046		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if indi					
Raptor Endgame Investments, LLC	2				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1275 King Street, Greenwich CT					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Full Name (Last name first, if indi	vidual)				
Business or Residence Address	(Number and Street, 6	City State Zin Code)			
Sasmoss of Regidence (Regidence)	(Maniett and ones,	only, outlet, hip code)			
	,				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or
Full Name (Last name first, if indi	vidual)				
Business or Residence Address	(Number and Street, G	City State Zin Code)			
Dusiness of Residence radices	(Number and Sireet,	ony, dunc, sip code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or
Full Name (Last name first, if indi	vidual)				
				 	
Business or Residence Address	(Number and Street, 0	City, State, Zip Code)			
Cheala Day(as) that Apply	Dromoton	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Full Name (Last name first, if indi	vidual)				
Tall traile (Bast Maine Most, it mai					
Business or Residence Address	(Number and Street, C	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if indi	vidual)				
i un maine (Last name mst, il mui	vidual)				
Business or Residence Address	(Number and Street, C	City, State, Zip Code)			

	B. INFORMATION ABOUT OFFERING		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	YES 🗆	NO ⊠
2.	What is the minimum investment that will be accepted from any individual?	\$14	1,000
3.	Does the offering permit joint ownership of a single unit?	YES 🖾	NO
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Mon Busi 100	Name (Last name first, if individual) Intgomery & Company, LLC iness or Residence Address (Number and Street, City, State, Zip Code) Wilshire Blvd. Suite 400, Santa Monica, CA 90401 ne of Associated Broker or Dealer		
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Che	eck "All States" or check individual States)	©	All States
AL IL MT RI	AK AZ AR CA CO CT DE DC FL GA IN IA KS KY LA ME MD MA MI MN NE NV NH NJ NM NY NC ND OH OK SC SD TN TX UT VT VA WA WV WI	HI MS OR WY	ID MO PA PR
	Name (Last name first, if individual) ss, Bernard		
	iness or Residence Address (Number and Street, City, State, Zip Code) sunset Road, Lawrence, NY 11559		
	ne of Associated Broker or Dealer PEY, Inc		
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Che	eck "All States" or check individual States)	E	All States
AL IL MT RI	AK AZ AR CA CO CT DE DC FL GA IN IA KS KY LA ME MD MA MI MN NE NV NH NJ NM NY NC ND OH OK SC SD TN TX UT VT VA WA WV WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Aiready Type of Security Offering Price Sold Debt (Senior Subordinated Notes) \$0 \$ 0 ☐ Common ☐ Preferred \$ 0_____ Convertible Securities (including warrants) \$0_____\$0____ Partnership Interests Other Specify: (Membership Interests) \$ 58,125,279 \$ 0 \$0_____\$0____ Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Number Amount of Investors Purchases Accredited Investors \$ 58,125,279 Non-accredited Investors \$ 0 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A..... Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs \boxtimes \$ 454.74 Legal Fees..... \boxtimes \$ 134,351.58 Accounting Fees 図 \$ 7250.00 Engineering Fees Sales Commissions (specify finders' fees separately)..... 図 \$ 302,970.71 Other Expenses (identify) Travel expenses, postage, meals, etc. \boxtimes \$ 142,068.77

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 \boxtimes

\$ 587,095.80

Total

	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPEN	SES AND USE OF PR	OCEEDS		
	b. Enter the difference between the aggregated total expenses furnished in response to Part to the issuer."	C — Question 4.a. This difference is the "adj	usted gross proceeds		\$ 57,	538,183.20
5.	Indicate below the amount of the adjusted gross purposes shown. If the amount for any purpose the estimate. The total of the payments listed response to Part C — Quest 4.b above.	is not known, furnish an estimate and check	the box to the left of			
	Quest no accre.			Payments to Officer, Directors, & Affiliates	Pa	syments to Others
	Salaries and fees			\$ 0		\$0
	Purchase of real estate			\$ 0		\$ 0
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$ 0	_ 🗆	\$ 0
	Construction or leasing of plant buildings and fa	cilities		\$ 0	_ 🗆	\$ 0
	Acquisition of other businesses (including the variate businesses of the assets or security			\$ 0	_ 🛛	<u>\$ 5,753,818.32</u>
	Repayment of indebtedness		. 🗆	\$ 0		\$ 0
	Working capital			\$ 0	_ 🗆	\$ 0
	Other (specify): Motion picture, television med distribution and advertising.			\$ 0	_ 🛭	\$ 51,784,364.88
	Column Totals			\$ 0	_ 🖾	\$57,538,183.20
	Total Payments Listed (column totals added)			\boxtimes	<u>\$57,</u>	538,183.20
_		D. FEDERAL SIGNATURE	 			
an t	issuer has duly caused this notice to be signed by ndertaking by the issuer to furnish to the U.S. Sec accredited investor pursuant to paragraph (b)(2) o	irities and Exchange Commission, upon writt	is notice is filed under F en request of its staff, th	tule 505, the foll e information fu	owing s mished	ignature constitutes by the issuer to any
	er (Print or Type) game Entertainment Company, LLC	Signature	Date January 12	2, 2006	<u> </u>	
	ne of Signer (Print or Type) es D. Stern	Title of Signer (Print or Type) Manager				

____ ATTENTION ____

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provision	ons of such rule?	YES	NO ⊠					
	See Appendix, Column 5, for state respons	se.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in who such times as required by state law.	hich this notice is filed a notice on Form D (17 CFR 23	39.500) at					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon writer requi	The undersigned issuer hereby undertakes to furnish to the state administrators, upon writer request, information furnished by the issuer to offerees.							
4.	The undersigned represents that the issuer is familiar with the conditions that must be satisfied (ULOE) of the state in which this notice is filed and understands that the issuer claiming the a these conditions have been satisfied.		-						
	he issuer has read this notification and knows the contents to be true and has duly caused this notice erson.	e to be signed on its behalf by the undersign	ned duly a	uthorized					
	suer (Print or Type) Indgame Entertainment Company, LLC	Date January 12, 2006							
Name	iame of Signer (Print or Type) Title of Signer (Print or Type)								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to s	sell to non- restors in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL		x								
AK		х								
AZ		х								
AR		х								
CA		х	\$30,628,208	1	\$30,628,208					
СО		х								
СТ		х	\$20,000,000	4	\$20,000,000					
DE		х								
DC		х								
FL		Х								
GA		х								
ні		х								
1D		х								
IL		х	\$3,401244	11	\$3,401244					
IN		х								
IA		Х						,		
KS		Х								
KY		х								
LA		х								
ME		х								
MD		X								
MA		х	-							
MI		Х								
MN		Х	- "							
MS		Х								
МО		Х								

APPENDIX

1	2		3	3 4					
	accredited inv	sell to non- vestors in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
			Membership	Number of Accredited		Number of Non- Accredited			
State	Yes	No	Interests	Investors	Amount	Investors	Amount	Yes	No
MT		X							
NE		X							
NV		X			· · · · · · · · · · · · · · · · · · ·				
NH		Х							
NJ	ļ	x							
NM		х							
NY		х	\$4,095,827	5	\$4,095,827				
NC		х							
ND		Х							
ОН		Х							
ОК		X							
OR		Х							
PA		х							
RI		х							
sc		х							
SD		х							
TN		x							
TX		х							
UT		x							
VT		х							
VA		Х							
WA		Х							
WV		х							
WI		х							
WY		Х							
PR		Х							